TEDS (Technical Education Database System) TEMPORARY Access

Attendance at TEDS Mini-Session Required Prior to Receipt of TEMPORARY access to TEDS

Attendance at a full training session as scheduled by the TEDS State Coordinator is required to maintain access

Please use the attached form to request the assignment of a UserID for **TEMPORARY access** to work with the web browser-based Technical Education Database System (TEDS). The form should be printed, completed and signed by the person to whom the userid will be assigned. The supervisor of the staff person must also sign and date the request.

- TEMPORARY Access is granted ONLY when mini-sessions have been scheduled by the TEDS State Coordinator.
- Each person who is qualified to attend a mini-session to gain temporary access to the data in the TEDS database must be assigned his/her own unique userid. Sharing of UserIDs is not allowed.
- Allow at least a week for the userid to be assigned. Be sure to retain a copy of the signed form for school records.
- Please provide all requested data. Do not leave any field blank. Missing information could cause a delay in setting up the userid and assigning the correct access. Instructions for completing each field are provided on the following page.
- All information provided will be used to assign TEMPORARY access to the TEDS database and will not be shared with any other person or agency.

Email, mail or fax the completed form to
Claude Christian
Career and Technical Education
500 Mero Street, 20th Floor Capital Plaza Tower
Frankfort, KY 40601
claude.christian@education.ky.gov

Fax: (502) 564-2241

The staff person will be notified by email when **TEMPORARY access** has been approved. The UserID and default password will be provided to the user during the mini-session. The staff person will be asked to set his/her own unique password at that time.

Any questions or problems concerning UserIDs may be directed to Claude Christian by phone at (502) 564-4286 or by email at Claude.Christian@education.ky.gov. Name is listed on the state global address book.

INSTRUCTIONS FOR COMPLETING A USERID REQUEST FORM

The information requested must be provided for the person to whom the userid will be assigned. Please fill out a separate form for each requested userid.

LAST NAME, FIRST NAME, INITIAL: This should be the person's **legal** name. Please do not use nicknames. <u>Be sure to provide the middle initial</u>.

Last four digits of SSN: Indicates the staff person's last 4-digits of their Social Security number. It is required. A userid will not be assigned without the four digits.

LOCATION: Please provide the location of the staff person's workstation. A school name/office name and city location will be sufficient information. If more room is needed, please continue the list on another page and attach it to the form.

POSITION: Please provide the name of the staff person's position or their work title.

SCHOOL OR DISTRICT: If the staff will be **entering data for an individual school or schools**, please list the full name of the school(s) **ONLY**. It is not necessary to list the district name.

If the staff person will be <u>entering data for all the schools in a particular district</u>, list the name of the district and indicate that it is a district name.

NOTE: Do not list the feeder schools that send students to your institution. The staff person will have access to the student data for each institution on his/her individual list. Staff will not be given access to schools from another agency.

SIGNATURE OF USER/DATE: The staff person for whom the userid is being requested must sign and date the form.

SIGNATURE OF SUPERVISOR/DATE: The supervisor for the staff person must sign and date the form.

FORMS WILL NOT BE PROCESSED IF EITHER SIGNATURE IS MISSING

OFFICE USE ONLY	
Train Date:	

KENTUCKY DEPARTMENT OF EDUCATION CAREER AND TECHNICAL EDUCATION

REQUEST FOR NEW USERID and TEMPORARY TEDS ACCESS

SPRING 2016

Attendance at TEDS Mini-Session Required Prior to Receipt of TEMPORARY access to TEDS

Last Name:	First Name: Initial:
Last four digits of SSN: Location:	Position:
Email address:	Phone: ()
This person will be granted access until <u>Au</u>	gust 31, 2016 to enter and/or update TEDS data and print reports
Attendance at a FULL tra	aining session is required to maintain access
This staff person will need access to data for the forneeded. Do not list feeder schools.	ollowing schools or district. Attach an extra sheet if more room is
SCHOOL (list full name of individual schools)	DISTRICT (only if entering data for entire district)
I understand that access to the TEDS database is	TEMPORARY. Access will be granted until <u>AUGUST 31, 2016</u> .
I understand that I am required to attend a full train maintain access.	ning session as scheduled by the TEDS State Coordinator in order to
perform my specific job duties. I further understand	w access to confidential information and/or records so that I may d and agree that I am not to disclose confidential information and/or propriate authority(s) in the Cabinet for Workforce Development,
	computer data are issued on an individual basis and that I am solely inique identification. At no time will I allow use of my UserID/password
constitutes a violation of this agreement and may dismissal and/or prosecution as provided by state computer, confidential treatment of reports and rec	ial information and/or records on myself, other individuals or clients, result in disciplinary action taken against me up to and including or federal law. Complete information concerning unlawful access to a cords and the penalties for misuse of the information can be found in the 160.730 and 20 USC §1232g and 5 USC §552a.
and policies concerning access, use, maintenance	ne TEDS database I agree to abide by the relevant laws, regulations and disclosure of confidential information and/or records which shall be userID. I further agree that I am responsible for the confidentiality of aloce.
Liser's Signature / Date	Supervisor's Signature / Date